

Hepatitis A in Montana

Once a common illness, Hepatitis A has become a rare disease in Montana. The virus is shed in stool and is found in blood of infected individuals. Most cases are acquired through out of state travel or direct contact to another case, such as household contacts, sex or sharing needles.

Of 22 acute Hepatitis A cases reported in Montana 2012-2016,

MORE THAN 41%

Traveled outside of Montana and the U.S. during their exposure period.



1 in 6

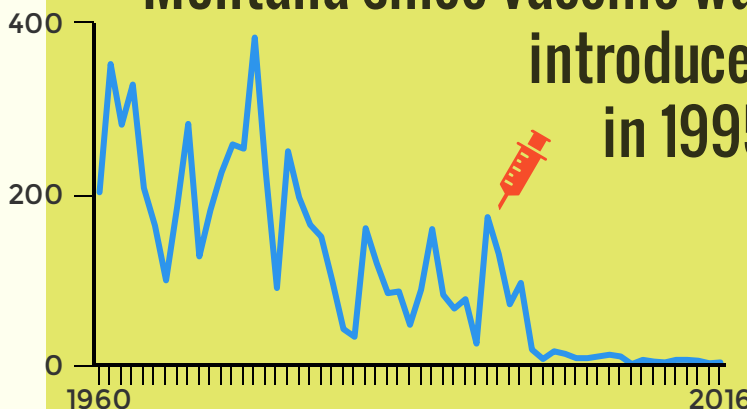


Had direct contact to an acute case.



Exposure information was unknown or undetermined for 41% of cases.

Hepatitis A has declined in Montana since vaccine was introduced in 1995.



Due to high rates of Hepatitis A in Montana, it was recommended to add the vaccine to the schedule for children in 1999, followed by a nationwide recommendation in 2005.

Only 49.2% of Montana toddlers are fully immunized against Hepatitis A.*



*A 19-35 months old is considered fully immunized after two doses of Hepatitis A.

Past outbreaks in Montana have occurred among injection drug users and in food establishments as a result of ill food handlers. Recent nationwide outbreaks have been linked to imported contaminated foods, such as frozen berries and scallops.

Data sources: MIDIS 2012-2016, National Immunization Survey for 19-35 month olds, Montana Communicable Disease Reporting 1917-2016.